



Elder and Long Term Care Committee

**Wednesday, January 11, 2006
10:45 AM – 11:45 AM
Reed Hall (102 HOB)**

Meeting Packet

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Speaker Allan G. Bense

Elder & Long-Term Care Committee

Start Date and Time: Wednesday, January 11, 2006 10:45 am

End Date and Time: Wednesday, January 11, 2006 11:45 am

Location: Reed Hall (102 HOB)

Duration: 1.00 hrs

Consideration of the following bill(s):

HB 127 Immunizations by Hays

HB 329 Adult Protective Services by Culp

HB 343 Services for Seniors by Sobel

Update on Florida Senior Care Waiver (Presentation by Beth Kidder, Agency for Health Care Administration)

NOTICE FINALIZED on 12/30/2005 10:04 by MANNING.KAREN



House of Representatives

Elder and Long Term Care Committee

A G E N D A

**January 11, 2006
10:45 AM – 11:45 AM
Reed Hall (102 HOB)**

- I. Opening Remarks by the Chair**
- II. Consideration of the following bill(s):**
 - HB 127 Immunizations by Hays**
 - HB 329 Adult Protective Services by Culp**
 - HB 343 Services for Seniors by Sobel**
- III. Update on Florida Senior Care Waiver (Presentation by Beth Kidder, Agency for Health Care Administration)**
- IV. Closing Remarks by the Chair**
- V. Adjournment**

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

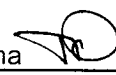

BILL #: HB 127

Immunizations

SPONSOR(S): Hays

TIED BILLS:

IDEN./SIM. BILLS: SB 1160

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) <u>Elder & Long-Term Care Committee</u>	_____	DePalma 	Walsh 
2) <u>PreK-12 Committee</u>	_____	_____	_____
3) <u>Health Care Appropriations Committee</u>	_____	_____	_____
4) <u>Health & Families Council</u>	_____	_____	_____
5) _____	_____	_____	_____

SUMMARY ANALYSIS

HB 127 requires each licensed assisted living facility to implement a program to offer immunizations against influenza and pneumococcal bacteria to all residents age 65 or older.

The bill requires district school boards and private school governing authorities to provide every student's parent specified information about meningococcal disease in accordance with the recommendations of the Department of Health (DOH). The bill requires DOH to adopt rules specifying the age or grade level of students to receive the information consistent with recommendations of the Centers for Disease Control (CDC). It requires DOH to make information about the disease available to district school boards and private school governing authorities, who shall determine the means and methods for providing this information to students' parent.

The effective date is July 1, 2006.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide limited government –

- The bill requires each licensed assisted living facility to implement a program to offer immunizations against influenza and pneumococcal bacteria to all residents age 65 or older.
- The bill requires DOH to adopt rules specifying the age or grade level of students to receive information about meningococcal disease consistent with recommendations of the CDC. It requires DOH to make information about the disease available to district school boards and private school governing authorities, who shall determine the means and methods for providing this information to students' parents.

B. EFFECT OF PROPOSED CHANGES:

Immunizations in Assisted Living Facilities

Influenza

Assisted living facilities (ALF) are licensed under Part III of Chapter 400, F.S.¹ Currently, there is no requirement that ALF offer immunizations against the influenza virus to their residents.

Influenza, commonly called the “flu,” is caused by the influenza virus that infects the respiratory tract. The virus is typically spread from person to person when an infected person coughs or sneezes the virus into the air. Transmission rates are greatest for individuals in highly populated areas, such as in schools and residences with crowded living conditions. Influenza can cause severe illness and lead to serious and life-threatening complications in all age groups. Complications such as bacterial pneumonia, dehydration, and worsening of underlying chronic conditions (such as congestive heart disease and asthma) occur most often in persons who are particularly vulnerable, such as elderly persons, those living in nursing homes and other long-term care facilities, and persons with chronic conditions.²

Flu is a major cause of illness and death in the United States, and leads to over 200,000 hospitalizations and approximately 36,000 deaths each year, according to the Centers for Disease Control and Prevention (CDC).³

Vaccines are effective in protecting individuals against illness or serious complications of flu, particularly those individuals who are at high risk for developing serious complications from the disease. The Advisory Committee on Immunization Practices of CDC (ACIP) recommends that, when vaccine is available, persons in high-risk groups including individuals age 65 or older, and people with chronic diseases of the heart, lung, or kidneys, diabetes, immunosuppression, or severe forms of anemia, should be vaccinated against the flu. ACIP also recommends that residents of nursing homes and other chronic-care facilities, children receiving long-term aspirin therapy, and any person who is in close

¹ The Assisted Living Facilities Act, ss. 400.401 – 400.454, F.S.

² See *Fact Sheet Influenza (Flu) Key Facts about the Flu*, September 28, 2005, Department of Health and Human Services Centers for Disease Control and Prevention; *Flu*, January 2005, National Institute of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services, available at <http://www.niaid.nih.gov/factsheets/flu.htm>.

³ *Influenza: The Disease*, November 15, 2004, Department of Health and Human Services Centers for Disease Control and Prevention, available at <http://www.cdc.gov/flu/about/disease.htm>.

or frequent contact with anyone in the high-risk group, such as health care personnel and volunteers, be vaccinated.⁴ The CDC recommends that the optimal time to be vaccinated against flu is the fall.⁵

Medicare coverage for flu shots for the elderly began in 1993. Flu shots are available at no cost to individuals enrolled in Medicare Part B from physicians or providers who bill Medicare. If patients receive their flu vaccines from physicians or providers who do not bill Medicare, they may be reimbursed (about \$18) by Medicare.⁶ Medicare provides coverage for one influenza vaccination per year, but additional vaccinations may be available if reasonable and medically necessary.⁷ The Medicaid program covers costs for flu vaccine and administration for Medicaid patients who are residents of nursing homes and long-term care facilities who are not the recipients of Medicare benefits.

An immunization requirement similar to that proposed in the bill is imposed on licensed hospitals pursuant to s. 381.005(2), F.S., as part of the Department of Health's primary and preventative health services mission.⁸ Similarly, s. 400.141(22) directs all licensed nursing home facilities to provide vaccinations against influenza to all consenting residents, but notes that residents aren't foreclosed from pursuing influenza vaccination from personal physicians if proper documentation is submitted.⁹

Pneumococcal Disease

Pneumococcal pneumonia is a lower respiratory tract infection caused by the bacterium *Streptococcus pneumoniae* which colonizes in the lungs, but can potentially invade the bloodstream (causing bacteremia) and the tissues and fluids surrounding the brain and spinal cord (resulting in a form of meningitis, an inflammation of the tissues and fluids surrounding the brain and spinal cord).¹⁰ "Pneumonia" is not a single disease, but rather can have over 30 different causes. The five main causes of pneumonia in the U.S. are bacteria, viruses, mycoplasmas, chemical exposure, and exposure to other infectious agents such as fungi (including pneumocystis).¹¹

Pneumococcal pneumonia is the most common cause of bacterial pneumonia acquired outside of hospitals,¹² as CDC estimates indicate that *S. pneumoniae* causes 500,000 cases of pneumonia and is blamed for 40,000 deaths annually in the United States.¹³ This mortality figure is the highest among vaccine-preventable bacterial diseases in the U.S.¹⁴ Pneumonia and influenza together represent the

⁴ Because of the influenza vaccine shortage during the 2004-2005 flu season, the CDC twice revised its recommendations regarding who should receive the vaccine. Persons age 65 and older and residents of nursing homes and long-term care facilities were always in the highest priority groups. See fn.2, *Recommended Adult Immunization Schedule United States October 2004-September 2005, Summary of Recommendation Published by the Advisory Committee on Immunization Practices*, Department of Health and Human Services Centers for Disease Control and Prevention, available at <http://www.immunization.org/downloads/adult-schedule.pdf>.

⁵ *Fact Sheet Influenza (Flu) Key Facts about the Flu Vaccine*, September 28, 2005, Department of Health and Human Services Centers for Disease Control and Prevention, available at <http://www.cdc.gov/flu/protect/pdf/vaccinekeyfacts.pdf>.

⁶ *Important Information About Medicare Payment for Flu Shots*, available at <http://medicare.gov/health/flupayments.asp>

⁷ *Adult Immunizations*, May 2005, Centers for Medicare and Medicaid Services, available at http://new.cms.hhs.gov/MedlearnProducts/downloads/Adult_Immunization_06-08-05.pdf.

⁸ S. 381.005(2), F.S., requires hospitals licensed under Chapter 395 to implement a program to offer immunizations against influenza and pneumococcal bacteria to all patients age 65 and older.

⁹ S. 400.141(22), F.S.

¹⁰ *Facts About Pneumococcal Disease for Adults*, July 2002, National Coalition for Adult Immunization, available at <http://www.nfid.org/factsheets/pneuadult.html>.

¹¹ *Pneumonia*, October 2002, American Lung Association, available at <http://www.lungusa.org/site/pp.asp?c=dvLUK90OE&b=356921>.

¹² *Pneumonia Fact Sheet*, June 2005, American Lung Association, available at <http://www.lungusa.org/site/pp.asp?c=dvLUK90OE&b=35692>.

¹³ *Pneumococcal Pneumonia*, updated December 13, 2004, Department of Health and Human Services National Institute of Allergy and Infectious Diseases, available at <http://www.niaid.nih.gov/factsheets/pneumonia.htm>.

¹⁴ Morbidity and Mortality Weekly Report, *Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices*, April 4, 1997, Department of Health and Human Services Centers for Disease Control and Prevention, available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm>.

seventh leading cause of death in the United States,¹⁵ and the fifth leading cause of death among adults age 65 and older.¹⁶ Additionally, *S. pneumoniae* is annually responsible for 60,000 cases of bacteremia and 3,300 cases of meningitis.¹⁷

The pneumococcal polysaccharide vaccine (PPV) effectively protects against 23 types of *S. pneumoniae* that are responsible for causing greater than 90% of all pneumococcal disease cases,¹⁸ and is effective in approximately 80 percent of healthy adults.¹⁹ The vaccination can be given at any time of the year, and most people only need one lifetime dose.²⁰ However, revaccination is recommended for adults age 65 and older who got their first dose when they were under 65, if five or more years have passed since the original vaccination.²¹ In addition to recommending that all adults age 65 and older and those with chronic heart or liver disease be vaccinated, the CDC also recommends that all nursing home patients and others admitted to long-term care facilities should be vaccinated against pneumococcal disease.²²

The Medicare program has covered PPV immunizations since July 1, 1983. Presently, the pneumococcal vaccine is fully covered by Medicare Part B if the healthcare provider accepts the Medicare-approved amount.²³ Although coverage rates for pneumococcal vaccination among adults age 65 and older experienced a sharp increase during the 1990s, the rates have stabilized in recent years.²⁴

An immunization requirement similar to the one proposed in HB 127 is found in s. 400.121(23), F.S., and directs licensed nursing facilities to assess their residents for PPV immunization eligibility within 5 days of admission, and vaccinate those eligible residents with the PPV vaccine within 60 days, in accordance with CDC recommendations.²⁵ Moreover, that section also indicates that residents may elect to receive PPV immunization from a personal physician if proper documentation is submitted.²⁶ However, unlike the requirement for provision of influenza vaccination in s. 400.121(22), F.S., this section does not make reference to obtaining a resident's consent prior to PPV immunization. Despite this, both sections note that the immunizations required are "subject to exemptions for medical contraindications and religious or personal beliefs."²⁷

Effect of Proposed Bill

The bill amends s. 400.426, F.S., and requires each licensed ALF to implement a program to offer immunizations against influenza and pneumococcal bacteria to all residents age 65 or older in accordance with recommendations of ACIP of the CDC. This program is to be carried out between October 1 (earlier if the vaccine is available) and February 1 of each year, subject to adequate vaccine

¹⁵ *Pneumonia Fact Sheet*, American Lung Association.

¹⁶ *Facts About Pneumococcal Disease for Adults*, National Coalition for Adult Immunization.

¹⁷ *Ibid.*

¹⁸ *Facts About Pneumococcal Disease for Adults*, National Coalition for Adult Immunization.

¹⁹ *Pneumonia Fact Sheet*, American Lung Association.

²⁰ *Pneumococcal Vaccine: Publications, Questions & Answers Etc.*, updated February 6, 2004, Department of Health and Human Services Centers for Disease Control and Prevention, available at <http://www.cdc.gov/nip/vaccine/pneumo/pneumo-pubs.htm>.

²¹ *Pneumococcal Polysaccharide Vaccine: What You Need to Know*, July 29, 1997, Department of Health and Human Services Centers for Disease Control and Prevention, available at <http://www.cdc.gov/nip/publications/VIS/vis-ppv.pdf>.

²² *Pneumococcal Polysaccharide Vaccine (PPV 23): CDC Answers Your Questions*, May 2005, Immunization Action Coalition, available at <http://www.immunize.org>.

²³ *Facts About Pneumococcal Disease for Adults*, National Coalition for Adult Immunization. See also *2005-2006 Immunizers' Question & Answer Guide to Medicare Coverage of Influenza and Pneumococcal Vaccinations*, September 25, 2005, Centers for Medicare and Medicaid Services, available at <http://new.cms.hhs.gov/AdultImmunizations/downloads/2005-2006QAGuide.pdf>.

²⁴ *2005-2006 Immunizers' Question & Answer Guide to Medicare Coverage of Influenza and Pneumococcal Vaccinations*, Centers for Medicare and Medicaid Services

²⁵ S. 400.141(23), F.S.

²⁶ *Ibid.*

²⁷ Ss. 400.121(22), (23), F.S.

supplies and subject to the clinical judgment of the responsible practitioner. The bill exempts ALF having ten or fewer residents, and it requires the Department of Elder Affairs (DOEA) to provide a notice to each affected ALF by September 1 of each year reminding the ALF of their responsibilities under the section.

Meningococcal Disease and Immunization

The *meningococcus* bacterium can cause a life-threatening infection of the bloodstream, meningitis (infection of the brain and spinal cord coverings), or both. Sometimes referred to as spinal meningitis, bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disability. Death occurs in 10 to 14 percent of the 1,400-2,800 cases of meningococcal meningitis that are reported in the U.S. each year.²⁸

The largest incidence of the disease is in children under age 5, with a second peak in children and young adults between the ages of 15 and 24.²⁹

Before the 1990s, *Haemophilus influenzae* type b (Hib) was the leading cause of bacterial meningitis, but new vaccines being given to all children as part of their routine immunizations have reduced the occurrence of invasive disease due to *H. influenzae*.³⁰

There are five subtypes (or Serogroups) of the bacterium that cause meningococcal meningitis (Serogroups A, B, C, Y, and W-135). Two vaccines are available to immunize against Serogroups A, C, Y and W-135: Menomune, licensed in 1981, and Menactra (manufactured by Sanofi Pasteur, and also known as MCV-4), licensed on January 14, 2005 for use in people 11-55 years of age.³¹

On May 26, 2005 the CDC recommended routine administration of the Menactra vaccine for all children 11-12 years old, previously unvaccinated adolescents at high school entry, and college freshmen living in dormitories

to help achieve vaccination among those at highest risk for meningococcal disease. As the vaccine supply increases, CDC hopes, within three years, to recommend routine vaccination for all adolescents beginning at 11 years of age.³²

In September 2005, CDC and the U.S. Food and Drug Administration (FDA) issued an alert³³ after reports made to the Vaccine Adverse Event Reporting System (VAERS) indicated that five adolescents had developed Guillain-Barre Syndrome³⁴ (GBS) following administration of the Menactra vaccine. By

²⁸ Morbidity and Mortality Weekly Report; *Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices*, May 27, 2005, Department of Health and Human Services Centers for Disease Control and Prevention, available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm>.

²⁹ *Vaccine Information Meningococcal Disease*, updated March 11, 2005, National Network for Immunization Information, available at http://www.immunizationinfo.org/vaccineinfo/vaccine_detail.cfv?id=15.

³⁰ *Division of Bacterial and Mycotic Disease, Disease Information, Meningococcal Disease*, Department of Health and Human Services Centers for Disease Control and Prevention, available at http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm.

³¹ There is no licensed vaccine for Serogroup B in the U.S. *Vaccine Information Meningococcal Disease*.

³² Press Release: *CDC Recommends Meningococcal Vaccine for Adolescents and College Freshman*, May 26, 2005, Department of Health and Human Services Centers for Disease Control and Prevention, available at <http://www.cdc.gov/od/oc/media/pressrel/r050526b.htm>.

³³ *FDA and CDC Issue Alert on Menactra Meningococcal Vaccine and Guillain Barre Syndrome*, September 30, 2005, U.S. Food and Drug Administration, available at <http://www.fda.gov/bbs/topics/NEWS/2005/NEW01238.html>.

³⁴ According to the American Academy of Pediatrics and the National Institute of Neurological Disorders and Stroke, GBS is a severe neurological disorder causing weakness of the body's extremities as a result of an inflammatory demyelination of peripheral nerves. This weakness can intensify rapidly, rendering certain muscles useless and, when severe, leave a patient almost totally paralyzed. Although anyone can be affected by GBS – the disease can occur at any age and both sexes are equally susceptible to onset – the incidence rate is only about one person in 100,000. Presently, there are no known cures for GBS, although several therapies (including plasma exchange and high-dose immunoglobulin therapy) are utilized to accelerate recovery. Recovery periods for patients experiencing GBS are varied and can range from a few

November 2005, six Menactra recipients (all ages 17 or 18) experienced an onset of GBS 14-31 days after vaccination.³⁵ Although the timing of the onset of neurological symptoms (within the first month of vaccination) was alarming, it was not immediately known if there was a sound causal relationship between Menactra vaccination and GBS, as the six reported cases of GBS among approximately 2.5 million doses of Menactra distributed nationally is a rate similar to what might have been expected to occur by chance alone.³⁶

The CDC and American Academy of Pediatrics (AAP) both continue to recommend Menactra administration for all 11 and 12 year olds at the pre-adolescent visit.³⁷

Florida's public school vaccination schedule

In Florida, the following immunizations are required by age and school grade:³⁸

Immunizations Required for Preschool Entry (age-appropriate doses as are medically indicated):

- Diphtheria-Tetanus-Pertussis Series
- Haemophilus influenzae type b (Hib)
- Hepatitis B
- Measles-Mumps-Rubella (MMR)
- Polio Series
- Varicella

Immunizations Required for Kindergarten Entry:

- Diphtheria-Tetanus-Pertussis Series
- Hepatitis B Series
- Measles-Mumps-Rubella (two doses of Measles vaccine, preferably as MMR)
- Polio Series
- Varicella

Immunizations Required for 7th Grade Entry:

- Hepatitis B Series
- Second Dose of Measles Vaccine (preferably MMR vaccine)
- Tetanus-Diphtheria Booster

Immunizations required for college/university students:

- MR, M2 (All freshman and new enrollees in public universities)
- Meningococcal (All college/university students who live in dorms, or must sign waiver)

Immunizations Required for Child Care and/or Family Day Care (up-to-date for age):

- Diphtheria-Tetanus-Pertussis
- Haemophilus influenzae type b
- Measles-Mumps-Rubella
- Polio

weeks to a few years, although roughly 30 percent of patients experience residual weakness after 3 years. A small proportion of patients die, and 20 percent of hospitalized patients can have prolonged disability.

³⁵ *Guillain-Barre Syndrome Among Adolescents Who Received Meningococcal Conjugate Vaccine Factsheet*, November 9, 2005, U.S. Food and Drug Administration, available at <http://www.fda.gov/bbs/topics/NEWS/2005/NEW01238.html>.

³⁶ Morbidity and Mortality Weekly Report, *Guillain-Barre Syndrome Among Recipients of Menactra Meningococcal Conjugate Vaccine – United States, June-July 2005*, October 6, 2005, Department of Health and Human Services Centers for Disease Control and Prevention, available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm54d1006a1.htm>.

Although the number of doses distributed is known, the precise number of administered doses is not.

³⁷ Ibid.

³⁸ *Vaccine Information Florida Vaccine Requirements*, National Network for Immunization Information, available at http://www.immunizationinfo.org/vaccineinfo/disease_stateinfo.cfv; *Immunization and Record Requirements*, available at http://www.doh.state.fl.us/disease_ctrl/immune/school.pdf

Varicella

All Florida postsecondary educational institutions must provide detailed information concerning the risks associated with meningococcal meningitis and its associated vaccines to every student or to the student's parent if the student is a minor. As noted above, all Florida college and university students who live in campus dormitories are required to be immunized against meningococcal disease or decline the immunization by signing a waiver.³⁹

Effect of Proposed Bill

HB 127 requires each district school board and private school governing body to provide every student's parent with detailed information about the causes, symptoms and transmission of meningococcal disease, and about the availability, effectiveness, and contraindications associated with recommended vaccines. The information is to be provided in accordance with DOH recommendations.

DOH is to adopt rules that specify the age or grade level of students for whom such information shall be provided. These rules are to be consistent with recommendations of ACIP concerning the appropriate age for vaccine administration.

DOH shall make available to school districts and private school governing authorities information concerning the causes, symptoms, and transmission of meningococcal disease; the risks associated with the disease; and the availability, effectiveness and contraindications of its associated vaccines.

Each school district and private school governing body shall determine the means and methods of providing this information to the student's parent.

The bill is effective July 1, 2006.

C. SECTION DIRECTORY:

Section 1: Amends s. 400.426, F.S.; creates new subsection (13); requires each licensed ALF to implement a program to offer immunizations against influenza and pneumococcal bacteria to all residents age 65 or older in accordance with certain recommendations; requires DOEA to provide notices to ALF.

Section 2: Amends s. 1003.22(10), F.S., relating to school-entry health examinations; creates new paragraph (c); requires district school board and private school governing authorities to provide every student's parent specified information about meningococcal disease in accordance with DOH recommendations; requires DOH to adopt rules consistent with recommendations of ACIP; requires district school boards and private school governing authorities to determine means and methods for providing information to students' parent.

Section 3: Provides an effective date of July 1, 2006.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

³⁹ S. 1006.69, F.S.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

Meningococcal Disease and Immunization

School districts may incur costs related to the provision of information about meningococcal disease to students' parents.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Immunizations in Assisted Living Facilities

Assisted living facilities will incur additional costs to design and implement the program required by the bill.

Meningococcal Disease and Immunization

Private school governing authorities may incur costs related to the provision of information about meningococcal disease to students' parents.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not appear to require a city or county to expend funds or to take any action requiring the expenditure of funds.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

Meningococcal Disease and Immunization

The bill requires DOH to adopt rules specifying the age or grade level of students to receive the information regarding meningococcal disease consistent with recommendations of the CDC.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Line 6: "Department of Health" should be "Agency for Health Care Administration". As the agency charged with licensure of ALF, it would be more efficient for AHCA to send the required reminder notices. Similarly, at line 36, "department" should be "agency".

Lines 54-65: It is unclear whether DOH is required to adopt rules addressing the causes, symptoms, etc. of meningococcal disease and its associated vaccine, or merely to make that information available to schools outside of rulemaking.

As noted in the above analysis, the CDC currently recommends a single dose of PPV immunization, with revaccination recommended for adults age 65 and older who received an initial PPV dose when they were under 65, if five or more years have passed since the original vaccination. It is suggested that the bill be amended to reflect the recommendations and indicate that, during the October-February vaccination period, ALF resident *assessments* for PPV eligibility will be made.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

Bill No. **HB 127**

COUNCIL/COMMITTEE ACTION

ADOPTED _____ (Y/N)
ADOPTED AS AMENDED _____ (Y/N)
ADOPTED W/O OBJECTION _____ (Y/N)
FAILED TO ADOPT _____ (Y/N)
WITHDRAWN _____ (Y/N)
OTHER _____

Council/Committee hearing bill: Elder & Long-Term Care
Representative(s) Hays offered the following:

Amendment (with directory and title amendments)

Remove line(s) 21-38

===== T I T L E A M E N D M E N T =====

Remove line(s) 2-7 and insert:

An act relating to immunizations; amending s. 1003.22,
F.S.; requiring each

000000

HB 127

2006

1 A bill to be entitled

2 An act relating to immunizations; amending s. 400.426,
3 F.S.; requiring certain assisted living facilities to
4 implement a program to offer residents immunizations
5 against influenza viruses and pneumococcal bacteria;
6 requiring the Department of Health to provide notification
7 annually; amending s. 1003.22, F.S.; requiring each
8 district school board and the governing authority of each
9 private school to provide information to parents
10 concerning meningococcal disease and the vaccine therefor;
11 requiring the Department of Health to adopt rules
12 specifying the age or grade level of students for whom
13 such information will be provided; requiring each district
14 school board and the governing authority of each private
15 school to determine the means and method for the provision
16 of information to parents concerning meningococcal
17 disease; providing an effective date.

18
19 Be It Enacted by the Legislature of the State of Florida:

20
21 Section 1. Subsection (13) is added to section 400.426,
22 Florida Statutes, to read:

23 400.426 Appropriateness of placements; examinations of
24 residents; immunization programs.--

25 (13) Between October 1, or earlier if the vaccine is
26 available, and February 1 of each year, subject to the
27 availability of an adequate supply of the necessary vaccine,
28 each assisted living facility licensed under this part that has

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2006

11 or more residents shall implement a program to offer immunizations against influenza viruses and pneumococcal bacteria to all residents who are 65 years of age or older, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the United States Centers for Disease Control and Prevention and subject to the clinical judgment of the responsible practitioner. By September 1 of each year, the department shall send to each assisted living facility covered by this section a reminder notice relating to the facility's responsibilities under this subsection.

Section 2. Paragraph (c) is added to subsection (10) of section 1003.22, Florida Statutes, to read:

1003.22 School-entry health examinations; immunization against communicable diseases; exemptions; duties of Department of Health.--

(10) Each district school board and the governing authority of each private school shall:

(c) Provide detailed information concerning the causes, symptoms, and transmission of meningococcal disease; the risks associated with meningococcal disease; and the availability, effectiveness, and known contraindications of any required or recommended vaccine against meningococcal disease to every student's parent, in accordance with the recommended ages of students determined by the Department of Health to be appropriate for the administration of such vaccine. The Department of Health shall adopt rules that specify the age or grade level of students for whom such information shall be provided, consistent with the recommendations of the Advisory

HB 127

2006

57 Committee on Immunization Practices of the United States Centers
58 for Disease Control and Prevention concerning the appropriate
59 age for the administration of the vaccine, and shall make
60 available information concerning the causes, symptoms, and
61 transmission of meningococcal disease; the risks associated with
62 meningococcal disease; and the availability, effectiveness, and
63 known contraindications of any required or recommended vaccine
64 against meningococcal disease to school districts and the
65 governing authorities of each private school. Each district
66 school board and the governing authority of each private school
67 shall determine the means and methods for the provision of such
68 information to students' parents.


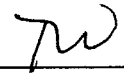
69 Section 3. This act shall take effect July 1, 2006.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 329 Adult Protective Services

SPONSOR(S): Culp and others

TIED BILLS: **IDEN./SIM. BILLS:** SB 1182

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) <u>Elder & Long-Term Care Committee</u>	_____	DePalma 	Walsh 
2) <u>Civil Justice Committee</u>	_____	_____	_____
3) <u>Health Care Appropriations Committee</u>	_____	_____	_____
4) <u>Health & Families Council</u>	_____	_____	_____
5) _____	_____	_____	_____

SUMMARY ANALYSIS

The bill amends the Adult Protective Services Act to allow the Department of Children and Family Services explicit authority to protect persons from the effects of self-neglect, and redefines the term "abuse" to include abuse by a relative or household member.

The bill is effective upon becoming law.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide limited government; promote personal responsibility—The bill amends the Adult Protective Services Act to allow DCF explicit authority to protect persons from the effects of self-neglect and investigate alleged abuse of vulnerable adults by relatives and household members who are not in a caregiver role.

B. EFFECT OF PROPOSED CHANGES:

Self-Neglect

Chapter 415, F.S., the Adult Protective Services Act, provides statutory authority to the Department of Children and Family Services (DCF) to investigate reports of alleged second party abuse, neglect and exploitation of vulnerable adults¹ caused by the vulnerable adult himself, that is, self-neglect.² In Fiscal Year 2003-2004, DCF investigated 6,394 cases reported to the Florida Abuse Hotline that were verified or contained some indications of self-neglect (other than medical neglect).³ More than 40 percent of these self-neglect cases occurred in persons 80 years of age and older.

The Adult Protective Services program is a system of specialized social services directed toward protecting vulnerable adults who are unable to manage their own affairs from further occurrences of abuse, neglect, or exploitation. The department sends staff to make an assessment of an individual's need for protective services after a reported allegation of abuse, neglect, or exploitation is received at the Hotline. Adult Protective Services includes four basic elements:

1. The on-site investigation of all reports of alleged abuse, neglect, or exploitation.
2. Determination of immediate risk to the vulnerable adult and the provision of necessary emergency services.
3. Evaluation of the need for and provision of on-going protective supervision.
4. Provision or arrangement of on-going protective services.

If a vulnerable adult is in danger of continued abuse, neglect or exploitation, staff from the Aging Services Program provides services through the authority of the Protective Supervision Program.

Presently, the current definition of "neglect" (s. 415.102(15), F.S.), does not include neglect caused by the vulnerable adult, and the department's authority to provide services in cases of self-neglect has been questioned by the courts.⁴

¹ "Vulnerable adult" means a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, long-term physical, or developmental disability or dysfunction, or brain damage, or the infirmities of aging. S. 415.102(26), F.S.

² See, e.g., ss. 415.104, 415.105, F.S.

³ *Adult Protective Services Annual Report Fiscal Year 2003-2004*, Table F-6, Demographic Characteristics of Victims by Verified and Some Indication Maltreatments, Self-Neglect In Need of Services, Department of Children and Family Services, March 2005.

⁴ *Florida Department of Children and Family Services v. McKim*, 869 So.2d 760 (Fla. 1st DCA 2004) (fact that allegedly vulnerable adult was suffering from results of self-neglect did not support order under Adult Protective Services Act of protective services, where definition of "neglect" required that neglect have occurred at hand of caregiver and statutory definition of "vulnerable adult" did not include concept of self-neglect.)

Abuse

Moreover, the Adult Protective Services Act defines “abuse”⁵ in terms of willful acts committed or threatened by a “caregiver” that causes or is likely to cause impairment to a vulnerable adult’s well-being. The statutory definition of “caregiver” found in Chapter 415 includes as a caregiver a person entrusted with the responsibility for the frequent and regular care of a vulnerable adult, and who has an agreement or understanding with that person or that person’s guardian that a caregiver role exists.⁶ Although the definition notes that a caregiver may include “relatives, household members, guardians, neighbors, and employees and volunteers of facilities ...”, either an explicit or implicit caregiver relationship must be present for DCF to accept and investigate a report of abuse.⁷

During the 2000 Legislative session, s. 415.102(1) was amended to omit the requirement that a relationship exist between a vulnerable adult and the individual alleged to have committed acts or omissions evidencing abuse. Subsequently, in 2003 the Legislature again amended the Adult Protective Services Act to require the presence of a caregiver relationship before DCF could accept and investigate alleged abuse maltreatments.

Effect of Proposed Bill

HB 329 adds “vulnerable adult” to the definition of “neglect” in section 415.102(15), Florida Statutes, and adds “vulnerable adult in need of services”⁸ to section 415.1051(1), Florida Statutes, relating to non-emergency protective services. These changes will give DCF explicit authority to provide voluntary services or petition the court for involuntary non-emergency services and protective supervision when an investigation determines that the vulnerable adult is neglecting himself or herself.

Additionally, the bill amends the definition of “abuse” in section 415.102(1) to include willful or threatened acts committed by a relative or household member which cause, or are likely to cause, significant impairment to a vulnerable adult’s health. This change allows DCF to accept and investigate the alleged abuse of vulnerable adults by relatives and household members who are neither explicit nor implicit caregivers of such vulnerable adult.

C. SECTION DIRECTORY:

Section 1. Amends s. 415.102(1), F.S., adding abuse committed by a relative or household member to the definition of “abuse”; amends s. 415.102(15), F. S., adding “vulnerable adult” to the definition of “neglect” to include within the definition of neglect the concept of self-neglect.

Section 2. Amends s. 415.1051(1), F. S., adding “vulnerable adult in need of services” to include, within the department’s authority to seek an order authorizing the provision of protective services, those persons determined to have neglected themselves.

Section 3. Provides the act is effective upon becoming law.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

DCF has indicated that this bill has no fiscal impact.

⁵ S. 415.102(1), F.S.

⁶ S. 415.102(4), F.S.

⁷ Id.

⁸ “Vulnerable adult in need of services” means a vulnerable adult who has been determined by a protective investigator to be suffering from the ill effects of neglect not caused by a second party perpetrator and is in need of protective services or other services to prevent further harm. S. 415.102(27), F.S.

2. Expenditures:

DCF has indicated that this bill has no fiscal impact.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to take an action requiring the expenditure of funds; does not reduce the authority that counties or municipalities have to raise revenue in the aggregate, and does not reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

Bill No **HB 329**

COUNCIL/COMMITTEE ACTION

ADOPTED _____ (Y/N)
ADOPTED AS AMENDED _____ (Y/N)
ADOPTED W/O OBJECTION _____ (Y/N)
FAILED TO ADOPT _____ (Y/N)
WITHDRAWN _____ (Y/N)
OTHER _____

Council/Committee hearing bill: Elder & Long Term Care
Representative(s) Culp offered the following:

Amendment (with directory and title amendments)

Between line(s) 102-103 insert:

Section 3. Paragraph (a) of subsection (3) and subsection
(8) of section 415.107, Florida Statutes, are amended to read:

415.107 Confidentiality of reports and records.--

(3) Access to all records, excluding the name of the
reporter which shall be released only as provided in subsection
(6), shall be granted only to the following persons, officials,
and agencies:

(a) Employees or agents of the department, of the Agency
for Health Care Administration, Agency for Persons with
Disabilities, or of the Department of Elderly Affairs who are
responsible for carrying out protective investigations, ongoing
protective services, or licensure or approval of nursing homes,
assisted living facilities, adult day care centers, adult
family-care homes, home care for the elderly, hospices, or other
facilities used for the placement of vulnerable adults.

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

(8) Information in the central abuse hotline may not be used for employment screening, except as provided in ss. 415.107(3)(a) and (h). Information in the central abuse hotline and the department's automated abuse information system may be used by the department, its authorized agents or contract providers, the Agency for Persons with Disabilities, the Agency for Health Care Administration, the Department of Elderly Affairs, the Department of Health or county agencies as a part of the licensure or approval process pursuant to ss. 393.067-393.0678, 400.011-400.335, 400.401-400.454, 400.461-400.518, 400.55-400.564, 400.6005-400.611, 400.616-400.629, 400.701-400.805 and 410.031-410.037.

===== T I T L E A M E N D M E N T =====

Remove line(s) 7 and insert:
adult in need of services; amending s. 415.107. F.S.; providing the agency for Persons with Disabilities with access to certain records; providing an effective date.

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A bill to be entitled

An act relating to adult protective services; amending s. 415.102, F.S.; redefining the terms "abuse" and "neglect"; amending s. 415.1051, F.S.; providing that the Department of Children and Family Services may petition the court for an order authorizing protective services for a vulnerable adult in need of services; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsections (1) and (15) of section 415.102, Florida Statutes, are amended to read:

415.102 Definitions of terms used in ss. 415.101-415.113.--As used in ss. 415.101-415.113, the term:

(1) "Abuse" means any willful act or threatened act by a relative, caregiver, or household member that causes or is likely to cause significant impairment to a vulnerable adult's physical, mental, or emotional health. Abuse includes acts and omissions.

(15) "Neglect" means the failure or omission on the part of the caregiver or vulnerable adult to provide the care, supervision, and services necessary to maintain the physical and mental health of the vulnerable adult, including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services, that a prudent person would consider essential for the well-being of a vulnerable adult. The term "neglect" also means the failure of a caregiver or vulnerable adult to make a reasonable effort to protect a vulnerable adult from

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abuse, neglect, or exploitation by others. "Neglect" is repeated conduct or a single incident of carelessness which produces or could reasonably be expected to result in serious physical or psychological injury or a substantial risk of death.

Section 2. Subsection (1) of section 415.1051, Florida Statutes, is amended to read:

415.1051 Protective services interventions when capacity to consent is lacking; nonemergencies; emergencies; orders; limitations.--

(1) NONEMERGENCY PROTECTIVE SERVICES INTERVENTIONS.--If the department has reasonable cause to believe that a vulnerable adult or a vulnerable adult in need of services is being abused, neglected, or exploited and is in need of protective services but lacks the capacity to consent to protective services, the department shall petition the court for an order authorizing the provision of protective services.

(a) Nonemergency protective services petition.--The petition must state the name, age, and address of the vulnerable adult, allege specific facts sufficient to show that the vulnerable adult is in need of protective services and lacks the capacity to consent to them, and indicate the services needed.

(b) Notice.--Notice of the filing of the petition and a copy of the petition must be given to the vulnerable adult, to that person's spouse, guardian, and legal counsel, and, when known, to the adult children or next of kin of the vulnerable adult. Such notice must be given at least 5 days before the hearing.

(c) Hearing.--

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1. The court shall set the case for hearing within 14 days after the filing of the petition. The vulnerable adult and any person given notice of the filing of the petition have the right to be present at the hearing. The department must make reasonable efforts to ensure the presence of the vulnerable adult at the hearing.

2. The vulnerable adult has the right to be represented by legal counsel at the hearing. The court shall appoint legal counsel to represent a vulnerable adult who is without legal representation.

3. The court shall determine whether:

a. Protective services, including in-home services, are necessary.

b. The vulnerable adult lacks the capacity to consent to the provision of such services.

(d) Hearing findings.--If at the hearing the court finds by clear and convincing evidence that the vulnerable adult is in need of protective services and lacks the capacity to consent, the court may issue an order authorizing the provision of protective services. If an order for protective services is issued, it must include a statement of the services to be provided and designate an individual or agency to be responsible for performing or obtaining the essential services on behalf of the vulnerable adult or otherwise consenting to protective services on behalf of the vulnerable adult.

(e) Continued protective services.--

83 1. No more than 60 days after the date of the order
84 authorizing the provision of protective services, the department
85 shall petition the court to determine whether:

86 a. Protective services will be continued with the consent
87 of the vulnerable adult pursuant to subsection (1);

88 b. Protective services will be continued for the
89 vulnerable adult who lacks capacity;

90 c. Protective services will be discontinued; or

91 d. A petition for guardianship should be filed pursuant to
92 chapter 744.

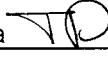
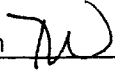
93 2. If the court determines that a petition for
94 guardianship should be filed pursuant to chapter 744, the court,
95 for good cause shown, may order continued protective services
96 until it makes a determination regarding capacity.

97 (f) Costs.--The costs of services ordered under this
98 section must be paid by the perpetrator if the perpetrator is
99 financially able to do so; or by third-party reimbursement, if
100 available. If the vulnerable adult is unable to pay for
101 guardianship, application may be made to the public guardian for
102 public guardianship services, if available.

103 Section 3. This act shall take effect upon becoming a law.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 343 Services for Seniors
SPONSOR(S): Sobel and others
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Elder & Long-Term Care Committee		DePalma 	Walsh 
2) Local Government Council			
3) Finance & Tax Committee			
4) Health & Families Council			
5) _____			

SUMMARY ANALYSIS

HB 343 permits each county, by ordinance, to create an independent special district to fund services for seniors throughout the county (the district). The boundaries of the district must be the same as the boundaries of the county.

The county must obtain approval, by a majority vote of those electors voting on the question, to annually levy ad valorem taxes that may not exceed 0.5 mills of assessed valuation of all properties within the county which are subject to ad valorem county taxes. The referendum required to approve the ad valorem tax levy must be held at the first general election immediately following adoption of the ordinance creating the independent special district.

The bill provides for the districts to be governed by a senior council consisting of 11 members: the executive director of the area agency on aging; the county director of human services; one member of the board of county commissioners for a 2-year term; two nonvoting members of the legislative delegation for the county appointed by the delegation chair for a 2-year term; two representatives of the Florida League of Cities for a 2-year term; and four members appointed by the Governor for a 4-year term, initially staggered, with reappointment for one additional term permitted, and who meet certain additional qualifications.

The bill sets forth permissive powers, duties, and the financing and budgeting requirements of these districts.

The bill allows for cooperative agreements between districts.

The bill provides for dissolution of these districts.

The bill provides that these districts must comply with all other statutory requirements of general application which relate to the filing of any financial reports or compliance reports.

The Revenue Impact Conference determined that a similar bill filed in the 2005 Legislative session had an indeterminate fiscal impact on local government revenues.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide limited government – The bill provides for an additional general law which permits the creation of an independent special district other than by the Legislature. The bill permits each county, by ordinance, to create such a district to provide funding for services for seniors throughout the county.

Ensure lower taxes -- The bill provides that a county, upon creation by ordinance of the independent special district, must obtain approval at the next general election, by a majority vote of those electors voting on the question, to annually levy ad valorem taxes that may not exceed 0.5 mills of assessed valuation of all properties within the county which are subject to ad valorem county taxes.

Empower families -- The bill permits the district senior councils to provide and maintain in the county preventive, developmental, treatment, rehabilitative and any other services deemed necessary for the general welfare of the county's seniors. In addition, the senior councils may consult and coordinate with other agencies serving seniors to prevent an overlap of services.

B. EFFECT OF PROPOSED CHANGES:

Background

Defining Special Districts

A special district is a local unit of *special purpose government* whose special purpose or purposes are implemented by specialized functions and related prescribed powers within a limited boundary.¹ An independent special district is one which does not have any of the following:

- membership of its governing body that is identical to that of the governing body of a single county or a single municipality;
- all members of its governing body that are appointed by the governing body of a single county or a single municipality;
- members of its governing body that are subject to removal at will by the governing body of a single county or a single municipality during their unexpired terms; or
- a budget that requires approval through an affirmative vote or can be vetoed by the governing body of a single county or a single municipality.²

An independent special district must comply with the creation, dissolution, and reporting requirements set forth in ch. 189, F.S.³ An independent special district, except for a community development district, is also required to have a charter that meets certain minimum requirements.⁴

Restrictions on Creation of Independent Special Districts

Only the Legislature may create *independent* special districts, except as otherwise authorized by general law.⁵ The exceptions currently authorized by general law include:

¹ Section 189.403(1), F.S. (also exempting from the definition of special district: school districts, community college districts, special improvement districts, municipal service taxing or benefit units, or boards which provide electrical service and which are a political subdivision of a municipality or are part of a municipality.

² Section 189.403(3), F.S.

³ Section 189.4031(1), F.S.

⁴ Sections 189.4031(2) and 189.404(3), F.S.

⁵ Section 189.404(4), F.S.

- Municipalities, counties, or the Governor and Cabinet may create community development districts as provided by law.⁶
- Counties may create independent special districts for children's services,⁷ county health and mental health care⁸, or hospitals⁹ by adopting the required charter.
- Any combination of two or more counties, municipalities, or the Governor and Cabinet may create a regional water supply authority.¹⁰
- Any combination of two or more counties may create a regional special district to provide for regional jails.¹¹
- Any combination of two or more counties, municipalities, or other political subdivisions may create a regional special district to act as a regional transportation authority.¹²

Effect of Proposed Changes

Creation of Independent Special District by County Ordinance

HB 343 provides for an additional general law which permits the creation of an independent special district other than by the Legislature. The bill creates s. 125.903, F.S., to permit each county, by ordinance, to create an independent special district to provide funding for services for seniors (defined as a "person who is at least 60 years of age"). The boundaries of such a district must be coterminous with the boundaries of the county.

The county must obtain approval, by a majority vote of those electors voting on the question, to annually levy ad valorem taxes that may not exceed 0.5 mills of assessed valuation of all properties within the county which are subject to ad valorem county taxes. The referendum required to approve the ad valorem tax levy must be held at the next general election, i.e., the general election immediately subsequent to the adoption of the ordinance creating the independent special district.

The bill provides the legislative intent that funds collected through the creation of a district are used to support improvements in services for seniors, and that such funds are not used as a substitute for existing resources, or for resources that would otherwise be available for those services.

District Governing Board

The governing board of each district is a senior council, which must consist of 11 members:

- the executive director of the area agency on aging, or his or her designee who is a director of senior programs, as a permanent position;
- the county director of human services or his or her designee who is a director of elderly services, as a permanent position;
- one member of the board of county commissioners for a 2-year term;
- two nonvoting members of the legislative delegation for the county appointed by the delegation chair for a 2-year term;
- two representatives of the Florida League of Cities for a 2-year term; and
- four members appointed by the Governor for 4-year terms, initially staggered, with reappointment for one additional term permitted, and meeting these additional qualifications -
 - these members must, to the greatest extent possible, represent the cultural diversity of the county's population;

⁶ Section 190.005, F.S.

⁷ Section 125.901, F.S. *et seq.*

⁸ Section 154.331, F.S.

⁹ See ch. 155, F.S.

¹⁰ Section 373.1962, F.S.

¹¹ Section 950.001, F.S.

¹² Section 163.567, F.S.

- one of these members must be 60 years of age or older and a caretaker for an elderly person;
- these members must have been residents of the county for the previous 24-month period; and
- the county must recommend three names for each vacancy, determined by category, and the Governor must make a selection within a 45-day period or request a new list of candidates.

The Governor may remove a member for cause or upon the written petition of the county governing body. If any of the members of the senior council required to be appointed by the Governor resign, die, or are removed from office, the vacancy is filled by appointment by the Governor, using the same method as the original appointment, and such appointment to fill a vacancy shall be for the unexpired term of the person who resigns, dies, or is removed from office.

Members of the senior council shall serve without compensation, but are entitled to receive reimbursement for per diem and travel expenses consistent with s. 112.061, F.S.

District Permissive Powers

The district senior council is given a number of permissive powers:

1. to provide and maintain in the county such preventive, treatment, and rehabilitative services for seniors as the senior council determines are needed for their general welfare;
2. to provide any other services as the senior council determines are needed for the general welfare of the county's seniors;
3. to allocate and provide funds for other agencies in the county which are operated for the benefit of seniors;
4. to collect information and statistical data and conduct research that will be helpful to the senior council and the county in deciding the needs of the county's seniors;
5. to consult and coordinate with other agencies serving seniors to prevent an overlap of services;
6. to lease or buy real estate, equipment, and personal property and construct buildings as needed to execute district powers and functions. Such purchases must be paid for with cash on hand or secured by funds deposited in financial institutions; no authority to issue bonds is granted; and
7. to employ, pay, and provide benefits for required district personnel.

District Duties

The district senior council is also charged with a number of duties, including:

1. election of a chair and a vice chair from among its members, and election of other officers as deemed necessary by the senior council;
2. identification and assessment of the needs of the county's seniors and submission to the county governing body of a written report describing:
 - the activities, services, and opportunities that will be provided to seniors;
 - the anticipated schedule for providing those activities, services, and opportunities;
 - the manner in which seniors will be served, including a description of arrangements and agreements which will be made with community organizations, state and local educational agencies, federal agencies, public assistance agencies, the court system, guardianship groups, and other applicable public and private agencies and organizations;
 - the special outreach efforts that will be undertaken to provide services to at-risk, abused, or neglected and ailing seniors;
 - the manner in which the senior council will seek and provide funding for unmet needs; and
 - the strategy that will be used for interagency coordination to maximize existing human and fiscal resources;

3. providing training and orientation to all new senior council members;
4. creation and adoption of bylaws and rules, not inconsistent with federal or state laws or county ordinances, for the senior council's operation; and
5. providing an annual written report, due January 1 of each year, to the county's governing body, which includes:
 - information on the effectiveness of activities, services, and programs offered by the senior council, including cost-effectiveness;
 - a detailed anticipated continuation budget and a list of all sources of requested funding, both public and private;
 - procedures used for early identification of at-risk seniors who need additional or continued services and methods for ensuring receipt of those services;
 - a description of the degree to which the senior council's objectives and activities are consistent with the goals of this section;
 - detailed information on the various programs, services, and activities available to, and the degree to which they have been successfully used by, seniors; and
 - information on those programs, services, and activities that should be eliminated, those which should be continued, and those that should be added to the basic format of the senior council.

Additionally, the senior council must also maintain minutes of each meeting, including a record of all votes cast, and make them available to any interested person.

District Financing and Budgeting

The bill also provides a number of financial and budgeting parameters for the districts:

- The fiscal year of the district is the same as that of the county.
- The senior council must prepare a tentative annual written budget of the district's expected income and expenditures, including a contingency fund.
- The senior council must also compute a proposed millage rate sufficient to fund the tentative budget and comply with the provisions of s. 200.065, F.S., relating to the method of fixing millage, and fix the final millage rate by resolution of the senior council prior to adopting a final budget.
- The adopted budget and final millage rate are then certified and delivered to the governing body of the county as soon as possible following adoption. The millage rate necessary to be applied to raise the funds budgeted for district operations and expenditures, once adopted by resolution of the senior council, must be included in each certified budget.
- The millage rate may not exceed 0.5 mills of assessed valuation of all properties subject to ad valorem county taxes within the county.
- After the district budget is certified and delivered to the county's governing body, it may not be changed or modified by the county's governing body or any other authority.
- All taxes collected under this section shall be paid directly to the senior council by the county tax collector or clerk of the circuit court, as appropriate.
- All moneys received by the senior council must be deposited in qualified public depositories, as defined in section 280.02, F.S., with separate and distinguishable accounts established specifically for the senior council. These funds may only be withdrawn by checks signed by the council chair and countersigned by one other member of the senior council or by a chief executive officer authorized by the senior council.
- The chair and the other member of the senior council or chief executive officer who signs its checks must each give a surety bond in the sum of at least \$1,000 for each \$1 million or portion thereof of the senior council's annual budget, which bond shall be conditioned on each faithfully discharging the duties of his or her office. The premium on such bond may be paid by the district as part of the expense of the senior council. No other senior council members have to give bond or other security.

- District funds may only be expended by check, except expenditures from a petty cash account not exceeding \$100. Such petty cash expenditures must be recorded. Council funds other than petty cash may not be spent unless first budgeted for and approved by the senior council.
- The district must timely prepare and file a quarterly financial report which includes: for the quarter -- total council expenditures and receipts; a statement of the funds on hand, invested, or deposited; and total council administrative costs.
- After or during the first year of operation of the senior council, the governing body of the county, at its option, may fund in whole or in part the council budget from its own funds.

Dependent Special Districts

This bill does not prevent a county from creating a dependent special district within the boundaries of the county for the purpose of providing preventive, developmental, treatment, and rehabilitative services for seniors. This dependent district may seek grants from state, federal, and local agencies and accept donations from public and private sources if the district has the same type duties as a seniors' services district and has a budget that requires approval through an affirmative vote of the governing body of the county or may be vetoed by the governing body of the county.

Exercise of County Powers

The bill does not prohibit a county from exercising its powers authorized by general or special law to provide services for seniors.

Cooperative Agreements among Senior Councils

The bill provides that two or more senior councils may enter into two types of cooperative agreements:

1. a cooperative agreement to share administrative costs, including, but not limited to, staff and office space, if a more efficient or effective operation will result. Such a cooperative agreement must include provisions on apportioning costs between the senior councils, keeping separate and distinct financial records for each senior council, and resolving any conflicts that might arise under the cooperative agreement.
2. a cooperative agreement to seek grants, to accept donations, or to jointly fund programs serving multi-county areas. Such a cooperative agreement must include provisions for the adequate accounting of separate and joint funds.

District Dissolution

Any district created by the provisions of this bill may be dissolved by (1) a special act of the Legislature, (2) an ordinance of the county governing body, subject to the approval of the electorate, or (3) the procedures set forth in s. 189.4042, F.S.

Prior to being dissolved, the county must first obligate itself to assume the debts, liabilities, contracts, and outstanding obligations of the district within the total millage available to the county governing body for all county and municipal purposes as provided for under section 9, Article VII of the State Constitution.

District Compliance with Other Statutory Requirements

The bill requires that any district created pursuant to this section must comply with all other statutory requirements of general application which relate to the filing of any financial reports or compliance reports required under part III of ch. 218, F.S., or any other report or documentation required by law, including the reporting requirements of ss. 189.415, 189.417, and 189.418, F.S.

Redesignation of Part V of Chapter 125

The bill changes the title of Part V of ch. 125 from "Children's Services" to "Human Services" to include within the Part the purposes of the newly-created section.

C. SECTION DIRECTORY:

Section 1: Creates s. 125.903, F.S.; provides for the creation, governing body, powers, duties, and functions of an independent special district to provide funding for services for seniors throughout a county.

Section 2: Redesignates Part V of ch. 125, F.S.

Section 3: Amends s. 189.404(4), F.S.; adds a reference to newly-created s. 125.903, F.S.

Section 4: Provides that the act shall take effect upon becoming a law.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

This bill does not appear to have a fiscal impact on state government revenues.

2. Expenditures:

This bill does not appear to have a fiscal impact on state government expenditures.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

This bill permits the establishment of an independent special district to provide funding for services for seniors throughout a county through the annual levy of an ad valorem tax as approved by the electors of the county. The Revenue Impact Conference determined a similar bill filed in the 2005 Legislative session had an indeterminate fiscal impact on local government revenues. If all counties created a district and imposed the maximum 0.5 millage in ad valorem taxes, the Conference estimated the impact of that bill to have been \$621.8 to \$668.6 million in FY 2005-06.¹³

2. Expenditures:

This bill has a fiscal impact on local government expenditures in that it permits the establishment of an independent special district which may expend funds for services for seniors throughout a county. The bill, however, provides the intent of the Legislature that the expenditure of funds by the district are not to be used as a substitute for existing resources or for resources that would otherwise be available for services for seniors.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The collection of ad valorem taxes, as well as the operation of these districts, may have a direct economic impact on the private sector.

D. FISCAL COMMENTS:

¹³ Revenue Impact Conference of HB 229 on February 22, 2005. Data current through December 20, 2005.

Should the districts determine to do so, the revenue raised by the independent special districts created by this bill may, under certain circumstances, be eligible for use as Medicaid matching funds.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The municipal/county mandates provision in section 18 of article VII of the Florida Constitution does not appear to be applicable since the bill does not appear to require counties or municipalities to take action requiring the expenditure of funds, does not appear to reduce the authority that counties or municipalities have to raise revenue in the aggregate, and does not appear to reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

This bill requires the district senior councils to make and adopt bylaws and rules, not inconsistent with federal or state laws or county ordinances, for the senior council's guidance, operation, governance, and maintenance.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Other Comments:

Subsection (7)(a) permits counties to create dependent special districts for the purpose of providing preventive, developmental, treatment, and rehabilitative services for seniors, a power which counties seem to currently possess. Thus, it is not clear if this provision is intended to restrict the power of counties to create this type of special district in such a way that a county could only create a special district to provide preventive, developmental, treatment, and rehabilitative services for seniors if it has the duties required of senior services districts in this bill.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

1 A bill to be entitled
2 An act relating to services for seniors; creating s.
3 125.903, F.S.; authorizing each county to create an
4 independent special district to provide funding for
5 services for seniors; requiring a district charter;
6 requiring approval by a majority vote of electors to
7 annually levy ad valorem taxes not to exceed a certain
8 maximum; requiring a referendum; creating a governing body
9 for the special district; specifying criteria for
10 membership to the governing body; providing terms of
11 office; clarifying that a county may provide services for
12 seniors or create a special district to provide such
13 services by general or special law; specifying the powers
14 and functions of a senior council on services for seniors;
15 requiring each senior council to appoint a chair and a
16 vice chair and elect officers, to identify and assess the
17 needs of the seniors in the county served by the senior
18 council, to provide training and orientation to new
19 members of the senior council, to make and adopt bylaws
20 and rules for the senior council's operation and
21 governance, and to provide an annual written report to the
22 governing body of the county; requiring the senior council
23 to maintain minutes of each meeting and to serve without
24 compensation; requiring the senior council to prepare a
25 tentative annual budget and to compute a millage rate to
26 fund the tentative budget; requiring that all tax moneys
27 collected be paid directly to the senior council by the
28 tax collector of the county and deposited in qualified

29 public depositories; specifying expenditures of funds;
30 requiring the senior council to prepare and file a
31 financial report with the governing body of the county;
32 providing that a district may be dissolved by a special
33 act of the Legislature or by ordinance by the governing
34 body of the county; specifying obligations of the county
35 if a district is dissolved; authorizing the governing body
36 of a county to fund the budget of the senior council from
37 its own funds after or during the senior council's first
38 year of operation; requiring a special district to comply
39 with statutory requirements related to the filing of a
40 financial or compliance report; authorizing a county to
41 create a dependent special district to provide certain
42 services for seniors; authorizing the district to seek
43 grants and accept donations from public and private
44 sources; providing legislative intent with respect to the
45 use of funds collected by a senior council; providing that
46 two or more senior councils may enter into a cooperative
47 agreement to share administrative costs, staff, and office
48 space and seek grants, accept donations, or jointly fund
49 programs serving multicounty areas; prohibiting senior
50 councils or districts from requiring matching funds from
51 certain service providers as a condition to provision of
52 services by the senior council or district; renaming part
53 V of chapter 125, F.S.; amending s. 189.404, F.S.;
54 revising county authority to create an independent special
55 district to include a reference to s. 125.903, F.S.;
56 providing an effective date.

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Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 125.903, Florida Statutes, is created to read:

125.903 Services for seniors; independent special district; senior council; powers, duties, and functions.--

(1) Each county may by ordinance create an independent special district, as defined in ss. 189.403(3) and 200.001(8)(e), to provide funding for services for seniors throughout the county in accordance with this section. Such ordinance shall create a district charter that addresses and contains the minimum requirements required by s. 189.404(3). The boundaries of such district must be coterminous with the boundaries of the county. The county governing body shall obtain approval, by a majority vote of those electors voting on the question, to annually levy ad valorem taxes that may not exceed the maximum millage rate authorized by this section. Such approval shall be obtained by submitting the question to a referendum of the qualified electors in the county. The referendum shall be held in conjunction with the next regularly scheduled general election, in accordance with ss. 100.342 and 100.351. A district created under this subsection shall levy and fix millage as provided in s. 200.065. Once the millage is approved by the electorate, the district is not required to seek approval of the electorate in future years to levy the previously approved millage. For purposes of this section, the term "senior" means a person who is at least 60 years of age.

85 (a) The governing body of the district shall be a senior
86 council. The senior council shall consist of 11 members,
87 consisting of the executive director of the area agency on aging
88 or his or her designee who is a director of senior programs; the
89 county director of human services or his or her designee who is
90 a director of elderly services; one member of the board of
91 county commissioners; two nonvoting members of the legislative
92 delegation for the county appointed by the delegation chair; two
93 representatives of the Florida League of Cities, and four
94 members appointed by the Governor. The executive director of the
95 area agency on aging and his or her designee and the county
96 director of human services and his or her designee are permanent
97 positions. The members appointed from the county commission, the
98 legislative delegation, and the Florida League of Cities shall
99 be appointed to 2-year terms each. The four members appointed by
100 the Governor shall represent, to the greatest extent possible,
101 the cultural diversity of the county's population. At least one
102 of the gubernatorial designees must be an individual who is a
103 caretaker for an elderly person and is 60 years of age or older.
104 Recommendations for these memberships shall be provided by the
105 county governing body. Three names shall be submitted for each
106 vacancy, determined by category. The gubernatorial appointees
107 shall be appointed to 4-year terms and may be reappointed for
108 one additional term of office. The Governor shall make a
109 selection within a 45-day period or request a new list of
110 candidates. All members appointed by the Governor must have been
111 residents of the county for the previous 24-month period. The
112 length of the terms of the initial appointees shall be adjusted

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to stagger the terms. The Governor may remove a member for cause or upon the written petition of the county governing body. If any of the members of the senior council required to be appointed by the Governor resigns, dies, or is removed from office, the vacancy shall be filled by appointment by the Governor, using the same method as the original appointment, and such appointment to fill a vacancy shall be for the unexpired term of the member who resigns, dies, or is removed from office.

(b) This subsection does not prohibit a county from exercising the power authorized by general or special law to provide services for seniors or to create a special district to provide those services.

(2)(a) Each senior council may:

1. Provide and maintain in the county the preventive, treatment, and rehabilitative services for seniors which the senior council determines are needed for the general welfare of seniors in the county.

2. Provide any other services which the senior council determines are needed for the general welfare of seniors in the county.

3. Allocate and provide funds for other agencies in the county which are operated for the benefit of seniors.

4. Collect information and statistical data and conduct research and assessments that will be helpful to the senior council and the county in deciding the needs of seniors in the county.

5. Consult and coordinate with other agencies dedicated to the welfare of seniors to the end that the overlapping of

services will be prevented.

6. Lease or buy real estate, equipment, and personal property and construct buildings as needed to execute the foregoing powers and functions, except that such purchases may not be made or building done unless paid for with cash on hand or secured by funds deposited in financial institutions. This subparagraph does not authorize a district to issue bonds of any nature, and a district does not have the power to require the imposition of any bond by the governing body of the county.

7. Employ, pay, and provide benefits for any part-time or full-time personnel needed to execute the foregoing powers and functions.

(b) Each senior council shall:

1. Immediately after the members are appointed, elect a chair and a vice chair from among its members and elect other officers as deemed necessary by the senior council.

2. Immediately after the members are appointed and officers are elected, identify and assess the needs of seniors in the county served by the senior council and submit to the governing body of each county a written description of:

a. The activities, services, and opportunities that will be provided to seniors.

b. The anticipated schedule for providing those activities, services, and opportunities.

c. The manner in which seniors will be served, including a description of arrangements and agreements that will be made with community organizations, state and local educational agencies, federal agencies, public assistance agencies, the

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court system, guardianship groups, and other applicable public and private agencies and organizations.

d. The special outreach efforts that will be undertaken to provide services to seniors who are at-risk, abused, or neglected and ailing.

e. The manner in which the senior council will seek and provide funding for unmet needs.

f. The strategy that will be used for interagency coordination to maximize existing human and fiscal resources.

3. Provide training and orientation to all new members sufficient to allow them to perform their duties.

4. Make and adopt bylaws and rules for the senior council's guidance, operation, governance, and maintenance, if such rules are not inconsistent with federal or state laws or county ordinances.

5. Provide an annual written report, to be presented no later than January 1, to the governing body of the county. The annual report must contain, but need not be limited to:

a. Information on the effectiveness of activities, services, and programs offered by the senior council, including cost-effectiveness.

b. A detailed anticipated budget for continuation of activities, services, and programs offered by the senior council and a list of all sources of requested funding, both public and private.

c. Procedures used for early identification of at-risk seniors who need additional or continued services and methods for ensuring that the additional or continued services are

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received.

d. A description of the degree to which the senior council's objectives and activities are consistent with the goals of this section.

e. Detailed information on the various programs, services, and activities available to seniors and the degree to which the programs, services, and activities have been successfully used by seniors.

f. Information on programs, services, and activities that should be eliminated; programs, services, and activities that should be continued; and programs, services, and activities that should be added to the basic format of the senior council.

(c) The senior council shall maintain minutes of each meeting, including a record of all votes cast, and shall make such minutes available to any interested person.

(d) Members of the senior council shall serve without compensation but are entitled to receive reimbursement for per diem and travel expenses consistent with s. 112.061.

(3)(a) The district shall maintain the same fiscal year as that of the county.

(b) On or before July 1 of each year, the senior council shall prepare a tentative annual written budget of the district's expected income and expenditures, including a contingency fund. The senior council shall, in addition, compute a proposed millage rate within the voter-approved cap necessary to fund the tentative budget and, prior to adopting a final budget, comply with s. 200.065, relating to the method of fixing millage, and fix the final millage rate by resolution of the

council. The adopted budget and final millage rate must be
certified and delivered to the governing body of the county as
soon as possible following the senior council's adoption of the
final budget and millage rate under chapter 200. Included in
each certified budget shall be the millage rate, adopted by
resolution of the senior council, necessary to be applied to
raise the funds budgeted for district operations and
expenditures. District millage may not exceed 0.5 mills of
assessed valuation of all properties within the county that are
subject to ad valorem county taxes.

(c) After the budget of the district is certified and
delivered to the governing body of the county, the budget may
not be changed or modified by the governing body of the county
or any other authority.

(d) All taxes collected under this section, as soon after
collection as is reasonably practicable, shall be paid directly
to the senior council by the tax collector of the county or the
clerk of the circuit court, if the clerk collects delinquent
taxes.

(e)1. All moneys received by the senior council shall be
deposited in qualified public depositories, as defined in s.
280.02, with separate and distinguishable accounts established
specifically for the senior council and may be withdrawn only by
checks signed by the chair of the senior council and
countersigned by one other member of the senior council or by a
chief executive officer authorized by the senior council.

2. Upon entering the duties of office, the chair and the
other member of the senior council or chief executive officer

253 who signs its checks shall each give a surety bond in the sum of
 254 at least \$1,000 for each \$1 million or fraction thereof of the
 255 senior council's annual budget, which bond shall be conditioned
 256 upon the faithful discharge of the duties of his or her office.
 257 The premium on such bond may be paid by the district as part of
 258 the expense of the senior council. Other members of the senior
 259 council may not be required to give bond or other security.

260 3. Funds of the district may only be expended by check,
 261 except expenditures from a petty cash account, which account may
 262 not at any time exceed \$100. All expenditures from petty cash
 263 must be recorded on the books and records of the senior council.
 264 Funds of the senior council, except expenditures from petty
 265 cash, may not be expended without prior approval of the senior
 266 council, in addition to the budgeting thereof.

267 (f) Within 10 days, exclusive of weekends and legal
 268 holidays, after the expiration of each quarter-annual period,
 269 the senior council shall prepare and file with the governing
 270 body of the county a financial report that includes:

271 1. The total expenditures of the senior council for the
 272 quarter-annual period.

273 2. The total receipts of the senior council during the
 274 quarter-annual period.

275 3. A statement of the funds the senior council has on
 276 hand, has invested, or has deposited with qualified public
 277 depositories at the end of the quarter-annual period.

278 4. The total administrative costs of the senior council
 279 for the quarter-annual period.

280 (4) Any district created under this section may be

281 dissolved by a special act of the Legislature, or the county
282 governing body may by ordinance dissolve the district subject to
283 the approval of the electorate. If any district is dissolved
284 under this subsection, each county shall first obligate itself
285 to assume the debts, liabilities, contracts, and outstanding
286 obligations of the district within the total millage available
287 to the county governing body for all county and municipal
288 purposes as provided for under section 9, Article VII of the
289 State Constitution. Any district may also be dissolved under s.
290 189.4042.

291 (5) After or during the first year of operation of the
292 senior council, the governing body of the county, at its option,
293 may fund in whole or in part the budget of the senior council
294 from its own funds.

295 (6) Any district created under this section shall comply
296 with all other statutory requirements of general application
297 that relate to the filing of any financial reports or compliance
298 reports required under part III of chapter 218, or any other
299 report or documentation required by law, including the
300 requirements of ss. 189.415, 189.417, and 189.418.

301 (7)(a) Each county may by ordinance create a dependent
302 special district within the boundaries of the county for the
303 purpose of providing preventive, developmental, treatment, and
304 rehabilitative services for seniors. The district may seek
305 grants from state, federal, and local agencies and accept
306 donations from public and private sources if the district
307 complies with paragraphs (1)(a) and (2)(b) and has a budget that
308 requires approval through an affirmative vote of the governing

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309 | body of the county or that may be vetoed by the governing body
 310 | of the county.

311 | (b) If the provisions of a county charter relating to the
 312 | membership of the governing board of a dependent special
 313 | district conflict with paragraph (1)(a), a county may by
 314 | ordinance create a dependent special district within the
 315 | boundaries of the county for the purpose of providing
 316 | preventive, developmental, treatment, and rehabilitative
 317 | services for seniors, and the district may seek grants from
 318 | state, federal, and local agencies and accept donations from
 319 | public and private sources if the district complies with
 320 | paragraph (2)(b) and has a budget that requires approval through
 321 | an affirmative vote of the governing body of the county or that
 322 | may be vetoed by the governing body of the county.

323 | (8) It is the intent of the Legislature that the funds
 324 | collected under this section be used to support improvements in
 325 | services for seniors and that such funds not be used as a
 326 | substitute for existing resources or for resources that would
 327 | otherwise be available for services for seniors.

328 | (9) Two or more senior councils may enter into a
 329 | cooperative agreement to share administrative costs, including,
 330 | but not limited to, staff and office space, if a more efficient
 331 | or effective operation will result. The cooperative agreement
 332 | must include provisions on apportioning costs between the senior
 333 | councils, keeping separate and distinct financial records for
 334 | each senior council, and resolving any conflicts that might
 335 | arise under the cooperative agreement.

336 | (10) Two or more senior councils may enter into a

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cooperative agreement to seek grants, accept donations, or jointly fund programs serving multicounty areas. The cooperative agreement must include provisions for the adequate accounting of separate and joint funds.

(11) Senior councils or districts shall not require any public or private service provider to provide additional matching funds as a condition of the senior council's or district's providing services or programs to seniors.

Section 2. Part V of chapter 125, Florida Statutes, consisting of sections 125.901, 125.902, and 125.903, Florida Statutes, and entitled "Children's Services," is renamed as "Human Services."

Section 3. Paragraph (b) of subsection (4) of section 189.404, Florida Statutes, is amended to read:

189.404 Legislative intent for the creation of independent special districts; special act prohibitions; model elements and other requirements; general-purpose local government/Governor and Cabinet creation authorizations.--

(4) LOCAL GOVERNMENT/GOVERNOR AND CABINET CREATION AUTHORIZATIONS.--Except as otherwise authorized by general law, only the Legislature may create independent special districts.

(b) A county may create an independent special district which shall be adopted by a charter in accordance with s. 125.901, s. 125.903, or s. 154.331 or chapter 155, or which shall be established by ordinance in accordance with s. 190.005, or as otherwise authorized by general law.

Section 4. This act shall take effect upon becoming a law.